



2015 HEALTH HEROES

Nomination for an individual or group who worked to protect, promote, and enhance the health of southern Idaho citizens from July 2014-July 2015.

NOMINEE: _____ Age: _____

Male: _____ Female: _____ Group: _____ Phone Number: _____

Address: _____

City, State, Zip: _____

NAME OF PERSON SUBMITTING NOMINEE'S NAME: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ email: _____

ACTIVITY DESCRIPTION:

Please provide a brief description of the activity that you think qualifies the nominee for the 2015 Health Heroes Award. This activity should have been performed or begun from July 2014-July 2015.

(IF NEEDED, USE REVERSE SIDE FOR ADDITIONAL INFORMATION)

PLEASE RETURN THIS FORM BY FRIDAY, JULY 31, 2015, TO:

South Central Public Health District
Attn: Health Heroes Nominations
1020 Washington Street North
Twin Falls, ID 83301

FORMS ALSO MAY BE DROPPED OFF AT ANY LOCAL SOUTH CENTRAL PUBLIC HEALTH DISTRICT OFFICE.

Bellevue	117 East Ash St.	788-4335
Burley	2311 Parke Ave., Unit 4	678-8221
Gooding	145 7 th Ave. East	934-4477
Jerome	951 East Avenue H	324-8838
Twin Falls	1020 Washington St. N.	734-5900

***For more information, call South Central Public Health District:
737-5978.***